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** CONTINUING DATA ***** *PA*

This application is a CIP of 09/329,752 06/10/1999 ABN
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** FOREIGN APPLICATIONS ***** *PA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/29/2001

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35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verifier and Acknowledged <i>Rebecca Anderson PA</i> Examiner's Signature Initials				

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TITLE

IMIDIAZOLES HAVING REDUCED SIDE EFFECTS

FILING FEE RECEIVED 4656	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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1.18 Fees (Issue)

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